

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PA	70385	
O.I.P.E. CLASSIFIER		59	10/21
FORMALITY REVIEW			11/21/11

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	0
7	0
8	0
9	0
10	✓
11	✓
12	0
13	0
14	0
15	0
16	0
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	0
24	0
25	0
26	0
27	✓
28	✓
29	0
30	0
31	0
32	0
33	0
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	0
41	0
42	0
43	0
44	✓
45	✓
46	0
47	0
48	0
49	0
50	0

Claim	Date
Final Original	
51	✓
52	✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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